



PTO/SB/21 (05-03)

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AF/3634

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/902,023
		Filing Date	July 10, 2001
		First Named Inventor	Walter H. Mawby
		Art Unit	3634
		Examiner Name	Khoa H. Tran
Total Number of Pages in This Submission	13	Attorney Docket Number	2051-00101

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please specify below: Acknowledgment postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Marcella D. Watkins 36,962
Signature	
Date	July 23, 2003

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Signature		Date	July 23, 2003

106596.01/2051.00101

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<div style="float: left; width: 40%; text-align: left;"> FREE TRANSMITTAL For FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i> </div> <div style="float: right; width: 60%; text-align: right;"> Complete if Known </div>																																																																																																																													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/902,023</td> </tr> <tr> <td>Filing Date</td> <td>July 10, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Walter H. Mawby</td> </tr> <tr> <td>Examiner Name</td> <td>Khoa H. Tran</td> </tr> <tr> <td>Art Unit</td> <td>3634</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2051-00101</td> </tr> </table>		Application Number	09/902,023	Filing Date	July 10, 2001	First Named Inventor	Walter H. Mawby	Examiner Name	Khoa H. Tran	Art Unit	3634	Attorney Docket No.	2051-00101																																																																																																														
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METHOD OF PAYMENT (Check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-2769 Deposit Account Name: Conley Rose, P.C. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account <input checked="" type="checkbox"/> Credit any overpayments		FEE CALCULATION (continued) Other fee (specify) _____ \$ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$																																																																																																																											
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